

平成 26 年度
医学科学生海外派遣報告書
個別計画実習第Ⅰ期～Ⅲ期派遣



平成 26 年 11 月
神戸大学医学部医学科



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Overseas program 2014
National University of Singapore (NUS)
Tan Tock Seng Hospital
(Infectious Diseases Department)

Apr 7th—May 2nd, 2014



Yumi Saito

Introduction

First of all, I would like to show my gratitude to Ms. Miwa and Ms. Lee who made this program possible and successful, to the coordinator of Tan Tock Seng Hospital Ms. Noraini, to doctors who taught me patiently and kindly at hospital in Singapore, and of course to my parents who supported me financially.

I chose infectious diseases department because I wanted to study and get familiar with tropical medicine. Tan Tock Seng Hospital was a perfect place to study infectious diseases, since it was this hospital which contributed very much at the outbreak of SARS.

Schedule

	1 st week	2 nd week	3 rd week	4 th week
8am-10am	Main ward	HIV ward	Ward	HIV ward
10am-1pm	HIV clinic	OPAT clinic	Clinic	OPAT clinic
Lunch	Lecture (lunch provided)			
2pm-5pm	Consultation	HIV clinic	Travel clinic	HIV clinic

OPAT = Outpatient Parenteral Antibiotic Therapy

Unfortunately, Singaporean medical students were assigned to observe by the different schedule, so I didn't have a chance to talk to them except before and after lunch lecture.

Clerkship in Infectious Diseases Department

On the first day, I was surprised that many doctors told me not to wear white coat and they themselves were not wearing it. The reason for this is to prevent transmission since many people don't wash their white coat for relatively a long time and simply it is too hot to wear at the open-air ward. Also, cell phone is a must, if you are going to study at the hospital in Singapore; otherwise, you cannot contact the attached doctor to ask where you can meet and will be totally lost.



Anyway, I studied there as an observer but I could see patients with various diseases which I cannot see in Japan, so it was very exciting and interesting. There were always 4-5 patients with Dengue infection, and 15-20 patients came to HIV clinic everyday even only in the afternoon. Also, there were two suspected cases of MERS-CoV. I did not have chance to see, but there seemed to be also patients with Malaria infection.

I at first had difficulty understanding Singlish medical discussion, even though I used to live there. On the first day, I got headache from concentrating too much on listening to their English. However, usually Singaporeans are very good at talking with people with limited English ability, and so they listened to me very patiently and did not really bother to explain the same thing by rephrasing to simple sentence.

I learned not only about medicine but also about Singapore medical education system and insurance system from the doctors. Additionally, there were many doctors from all over the world working in ID department, so in daily medical discussion they compare Singaporean situation with other countries such as Britain, Australia, the United States, and other Southeast Asian nations. This is a part I loved about studying in Singapore; being in only one country, I can learn about so many other countries.

Sightseeing & Local Foods



Chinatown



Little India



Weekend trip (Bintan island)



Chinatown



Fruit shop



Bay area



Conclusion

Nowadays, thanks to development of the transportation, it is becoming easier and easier to migrate from one place to another and the world is expected to be getting smaller and smaller. I believe that there would be more chances to encounter diseases which are unfamiliar in Japan, as many more foreigners will come to Japan and many more Japanese will go abroad. When the time comes, I would like to contribute to the society even just a little based on what I learned from the clinical clerkship in Singapore.

Singapore General Hospital(SGH)

March 31~April 25.2014



Kobe University School of Medicine

Minami Sakamoto

Introduction

I have had an elective course practice at the Singapore General Hospital(SGH) for one month.I will show you what I had experienced below.

Singapore General Hospital(SGH)



It is located at the quite near place from the central city where we can walk from the Merlion park.SGH has almost all the departments and is one of the biggest hospital in Singapore.Actually,the number of the patients is much bigger than Kobe University Hospital.

Schedule

- March 31~April 11 : Plastic and Reconstructive surgery & Esthetic surgery
- April 14~25 : Orthopedics & Gynecology(O&G)

Plastic and Reconstructive surgery & Esthetic surgery

My schedule of the day starts from participating in a study session in the early morning,and after that I observed the operations everyday.About 8 operations are done in a day,so I could see many kinds of cases such as breast reconstruction,serious burn from gas explosion or Esthetic surgery.Several times,I observed outpatient clinic and also joined the round of the ward. Plastic surgery of SGH is especially famous for



burn treatment and has large burn ward where many patients get treatment of their serious burn injury. Participating in a study session from 7 am everyday was little tough for me, but I was really impressed at the ambition for education of the doctors. And also I felt the high standard of medicine here in Singapore through the practice for a month.

Orthopedics & Gynecology(O&G)

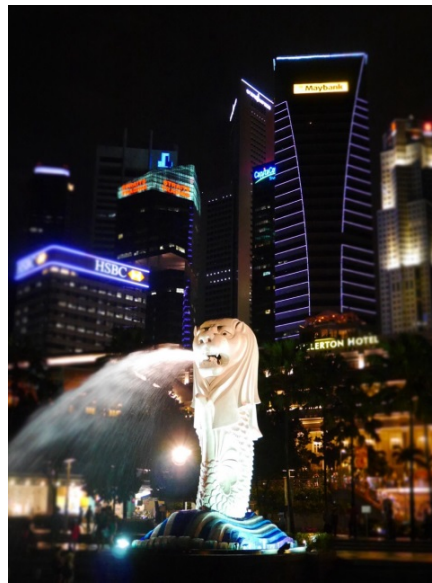
First of all I was really surprised at the large number of the patients of this department. It can be said both inpatient and outpatient, so the doctors of O&G were working so hard constantly. And almost all the doctors in this department are women. At the Orthopedics, I could see a lot of cases of C-section of normal baby, breech baby, twins and so on. The operation of the Gynecology was also interesting



for me excepting Abortion... At the clinic I sometimes helped the doctors and could learn how to do physical examination. From these experiences, my motivation to become a O&G doctor got much higher than before.

Daily life

For one month, I stayed at the hostel of the National University Of Singapore(NUS). Thousands of the students of the NUS are staying at the hostel of the NUS, so I could make many friends there. And also I could get to know some Japanese students staying in Singapore for studying. All the friends in Singapore were so friendly and kind, always asking me to go out. Thanks to them, I could enjoy everyday life in Singapore. Needless to say precious experiences of the practice at SGH, what moved me the best is the kindness of the people in Singapore and good food!! I'd like to greatly appreciate the doctors of SGH, a dorm mother, friends in Singapore, Kobe university and Ms. Miwa for giving me such a precious opportunity this time.



**Dong-A University Hospital,
Busan, South Korea**

May 9 - 23, 2014

Sung Won Hong

6th year

Kobe University School of Medicine



1st week, Emergency Room Center

I found some differences between Korean ER and Kobe University's emergency department.

First, Korean ER is closer to primary medicine. No surgery is done in ER but CPR or cardiopulmonary resuscitation, interviews, and basic tests including X-ray, CT, and ECG are practiced. After diagnosis, patients belong to each special department.

Second, 4th-year medical students called "PK" have more responsibility than Japanese 6th-year students. They do simple procedures such as ECG or electrocardiogram, enema, and urinary catheters.

Third, hygienic conditions are not very good compared to that of Japan. When a nurse took a blood sample, she wore no gloves and removed the cap by holding it in her mouth. When an aspirator's end was dropped on the floor, they directly connected it to a pneumonia patient without cleaning or changing it. Also, in ICU, the distance between each bed is sometimes shorter than 1 meter.

As explained above, there are some differences in a Korean Emergency Room compared to that of our Kobe University Hospital.

I found it very interesting to see an ER Center with Korean students in the same grade. They made me realize how Japanese medical students have free time to do things other than studying medicine. Here in ER, students must endure a 12-hour working shift each day; the day shift is from 8:30 am to 8:30 pm and the night shift is from 8:30 pm to 8:30 am the next morning! Also, I heard that Korean medical students have an exam every single week, regardless of whether they belong to a public or private school. Imagine when the term starts; all you have to do is focus on studying! You barely hang out with your friends. I was just relieved that I am a Japanese medical student.



Prof. Lee



ER Staff

2nd week, Plastic Surgery Department

How sophisticated Korean plastic surgery is! How different the way of thinking toward cosmetic surgery is! Those are two big learning points from this one-week elective.

It was such a great experience that to learn about transgender surgery for gender identity disorder (GID) patients from Prof. Seak-kwun Kim. Prof. Kim is a pioneer in slowly changing views on sexuality and gender in South Korea, where many have long considered even discussions of sexuality a taboo. Over the past 28 years, he has conducted about 320 sex change operations, widely believed to be the most by any single doctor in the country. After listening to his 90 min. lecture about transgender surgery, I myself also changed my way of thinking about gender. Here are some quotes from his lecture and his latest news interviews in “*The Big Story*: S. Korea Sex Change Doc: I Correct ‘Gods’ Mistakes” by Hyung-Jin Kim—Apr. 1, 2014

<http://bigstory.ap.org/article/skorea-sex-change-doc-i-correct-gods-mistakes>”.

"Some people are born without genitals or with cleft lips or with no ears or with their fingers stuck together. Why does God create people like this? Aren't these God's mistakes?" Dr. Kim said, "And isn't a mismatched sexual identity a mistake, too?"

What impressed me most was how motivated the doctors are in performing cosmetic surgery. Not only reconstruction operations but also cosmetic surgery are done in much more positive ways in Korea than in Japan. One of the residents said, “I feel a deep motivation to help people change from normal to great beauty.” “If the person becomes happier through my operation, he or she will have a better quality of life.” He said, “That’s why my job is very fruitful and

rewarding.” Every single doctor in Plastic Surgery, regardless of whether he majors in reconstruction or cosmetics, is very proud of himself in supporting patients’ lives. Just from the doctors’ motivation, I could tell that South Korea is the real powerhouse of cosmetic surgery.

During my elective, I watched various kinds of operations: rhinoplasty, reconstruction of orbital fractures, the grafting of skin ulcers and knee traumas, the removal of ear keloids, and so on. Since I had a great interest in Plastic Surgery in South Korea, I truly enjoyed myself and learned a lot.



Prof. Kim



Lecture of Local Anesthesia

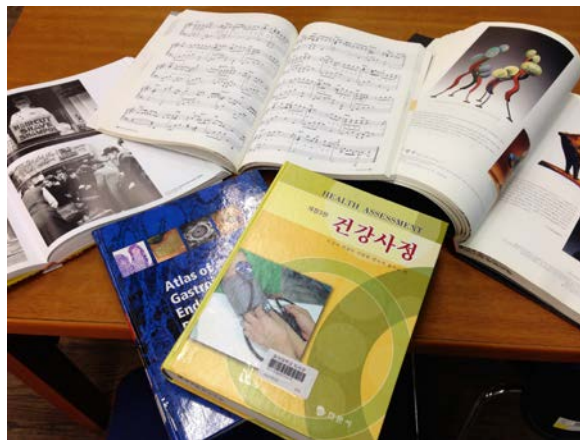


Operation Room

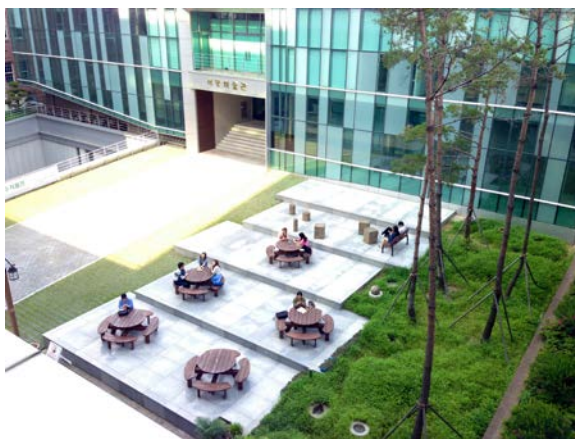


Closing Ceremony

Dong-A University



Library



Bumin Campus



Guest Room, where I stayed

Food Collection



green tea flavor shaved ice with sweet bean and mochi



samgyetang/ chicken ginseng soup



sashimi



typical traditional Korean plates



Jagalchi Market

My Favorite Places in Busan

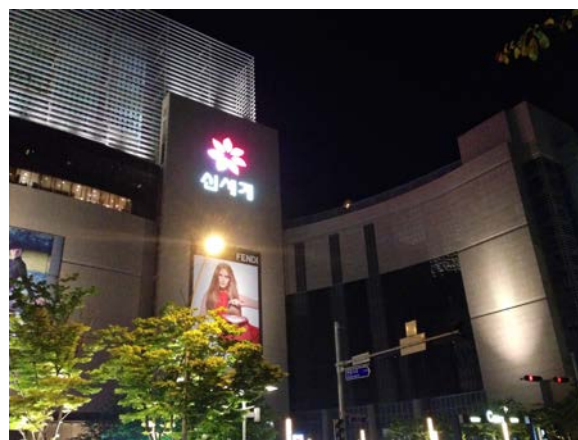
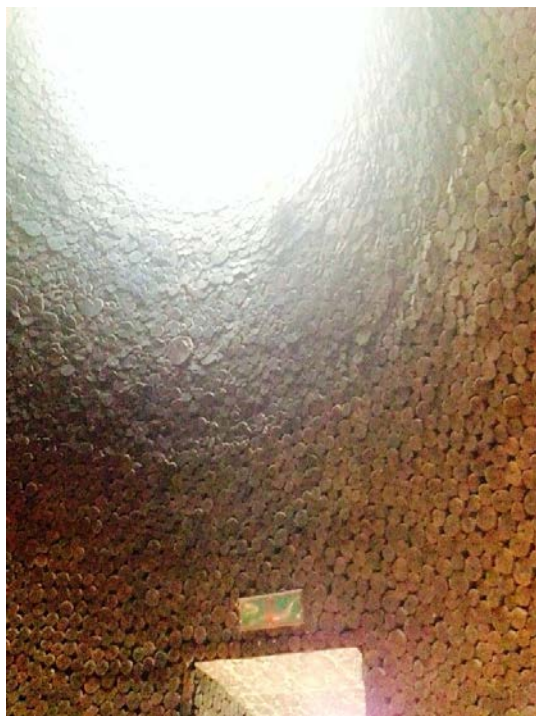


Busan Tower





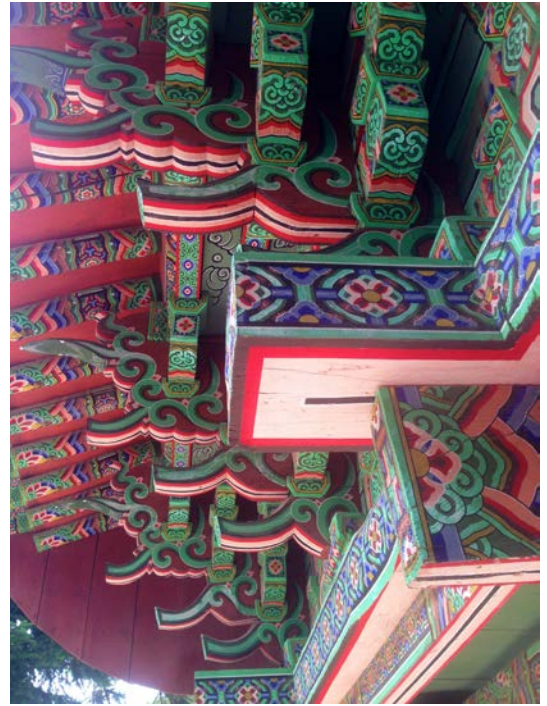
Haeundae Beach



Jjimjilbang Spa in Shinsegae, the world's largest department store



Beomeosa Temple



Fin.

International Medical University (IMU)

March 31 – April 25, 2014

Yuki Tashiro

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- Medical education in IMU & Program
- Daily life & Culture
- Looking back & Acknowledgements

Introduction

Malaysia

Malaysia is a federal constitutional monarchy located in Southeast Asia. It consists of 13 states and 3 federal territories and has a total landmass of 329,847 square kilometers separated by the South China into two similarly sized regions, Peninsular Malaysia and East Malaysia (Malaysian Borneo). Peninsular Malaysia shares a land and maritime border with Thailand and maritime borders with Singapore, Vietnam, and Indonesia. East Malaysia shares land and maritime borders with Brunei and Indonesia and a maritime border with the Philippines. The capital city is Kuala Lumpur, while Putrajaya is the seat of the federal government.

IMU(International Medical University)

IMU is the first private medical university in Malaysia. It was established over 20 years ago. The campuses are located in Kuala Lumpur and Seremban. Students over Semester 6(3rd grade) go to the latter campus, which is very near to public hospitals for clinical clerkship.

The government favors the Malay, so it is difficult for the Chinese and the Indian to enter public medical school. Therefore, IMU, a private medical school, has various ethnical students; Chinese, Malay and Indian. Although their official language is Malay, they have to learn medicine and communicate in English all.

Motivation & Goal

- 1) Make an effort to improve my poor English
- 2) Learn the differences of medical education in Malaysia and in Japan
- 3) Experience the Malaysian culture

Medical education in IMU & Program

Students of IMU have to study for 5 years before graduation. The 5 years are divided into periods of six months each (Semester 1 - 10). The students learn basic and clinical medicine in the classroom on the campus in Kuala Lumpur for first 2 years, and for last 3 years they have clinical training on the campus in Seremban.

I participated in Surgery department for first 2 weeks, and in Internal Medicine for last 2 weeks.

Surgery department

Every morning we had the Ward section, which is like rounds. We checked our patients' condition, and actively discussed about the treatment with the doctors.

Sometime, the doctor made students give the opinion about patients' unclear condition and how to do next, such as tests and treatments.

After the Wards, we had observation of surgery, anesthesia. In the afternoon, we had discussion and presentation sessions. Students played a central role in these parts. 2 students of them hosted the discussions about symptoms and the others actively exchanged their opinions. I think their average presentation skill is much higher than Japanese average medical students because they have more chance to practice it.

Internal medicine department

Every morning we also had the Ward section. Internal medicine department in IMU had some patients who suffer from tuberculosis (TB). In Japan we cannot see the patients usually. Because Tb is a very important disease and we study a lot about it, I think I could see the patients before graduation.

After the Wards, we had observation of Renal clinic, Rheumato clinic, Neuro Clinic, Gastro clinic, or Hospice home. In the afternoon, we had presentation sessions about Tb, Hypertension, ABG or electrolyte disorder. Students studied about the condition, and presented for the other students and the doctors.

Daily life & Culture

The Ward section starts at 8am. Students in IMU live a little far from school, so they go to school by some students' cars. Because my friends of IMU picked me up about 7:30am, we had to wake up earlier than in Japan. I took the sections and classes with my friend of IMU until 3 or 4pm. After that, I played futsal and basketball. Very enjoyable. And, they invited me for eating out every night. I could eat so many kinds of food. In Malaysia, there are good Malaysian, Chinese and Indian foods. They are very cheap, but very good. Especially, Chinese food was good for me. There were so many kinds of Chinese food. In Japan, we do not eat it so often because of price. If you go to Malaysia, you should try Chinese food. Of course, it is very oily and spicy, please take care.

On weekend, my friends of IMU took me to Malacca, which is one of the world heritage cities. There were many beautiful historic buildings and rare food. It was very exciting. In addition to this, Seremban, where I stayed, is not far from Kuala Lumpur and Singapore. So I visit the tourist sites in Kuala Lumpur and Singapore on the other weekend.

Looking back & Acknowledgements

Looking back to my stay in IMU, I feel it was so enjoyable. My friends of IMU were so nice and kind. My English was too poor to communicate smoothly, but they always helped me. I cannot thank them enough. In addition to this, I could see and feel a lot of the medicine and culture in Malaysia, so I have to make the most of them in the future.

Of course, I found some problem to be solved. My English is a little improved, but still not good. If I want to make something at the international stage, I have to improve my English more and more. Especially, in the hospital we have to communicate correctly regardless of our mother tongue. I felt this during the stay in Malaysia.

Although there are some problems, the stay in Malaysia was good for me. I really appreciate Ms. Miwa, Dr. Shirakawa, Ms. Wan and my parents to give me such a great opportunity. And I thank a lot to Ayako, Anty Sally, Dr. Jason, all my friends and doctors of IMU.

International Medical University (IMU)

2014.3.31-2013.4.18



Ayako Miki

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2. About IMU
3. Internal Medicine
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1. Introduction

I studied in IMU from March 31th to April 18th. It was the first time for me to go to Malaysia. There are Malay, Indian and Chinese, so the culture is mixed and was unfamiliar to me. I was interested in studying abroad and wanted to improve my poor English and learn about Malaysian culture.

2. About IMU

IMU is a private medical school. It has 2 campuses, one is in Kuala Lumpur (KL) and the other is in Seremban. Medical education in Malay is for 5 years. The students study for two and a half years in KL(semester1-5), and after that they get a clinical study in Seremban for another two and a half years(semester6-10). Next to the campus, there is a government hospital (Hospital Tuanku Ja'afar, 900-bedded), so they can get bedside teaching there. All the students move from KL to Seremban, one hour from KL by car. So most of them share a room with their friends. And go to school by their own car.

Most of the students are Chinese because the government favors the Malay and it is very difficult for Chinese to enter public universities. They can speak Malay, Mandarin, English and other dialects of Chinese. But in IMU they have to study medicine in English, so they use textbooks written in English and communicate in English.

In semester 6-10, they are divided into some groups, which are composed of 30 students and rotate like below.

Internal medicine	6 weeks
Surgery	6 weeks
Obstetrics and gynecology	7 weeks
Pediatrics	6 weeks
Psychiatry	6 weeks
family medicine	6 weeks
orthopedics	6 weeks



ENT/ophthalmology/geriatrics/ anesthetics/rehabilitation and other mini posting	each for 2 weeks
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3. Internal Medicine

I joined in semester 9 and got a clinical study in Seremban.

8.00-10.00am	Ward Rounds
10.00-12.00am	Ward work/Renal clinic/ Chemo unit/Dialysis unit
12.00-2.00pm	LUNCH
2.00pm-4.30pm	TBL

A schedule of internal medicine

In the morning ward, students see patients and check the records. Students are allowed to contact with many patients, so they see a lot of patients and decide which case to choose for their portfolio. Sometimes they allowed me to take a medical interview and examine patients. Most of the patients speak Malay, so my friends translated for me.



Students share the case with the group member. And then the professor choose some interesting cases, go to the bedside and teach us how to examine and discuss about the patient's condition. Sometimes for more than 1 hour, and it was very surprising. It must be very disgusting for the patient to be touched the painful part again and again and surrounded with many students and doctors discussing in English which is not familiar. All the patients pay only 30 yen to go to government hospitals, while in private hospitals they have to pay a lot more money.

After lunch we have classes in the university. We give a presentation and get an interactive lecture. The theme changes every day, rheumatology, hemato-oncology, renal disease, pulmonary disease and so on. The students are very good at giving a presentation, and they like to share what they studied with the classmates. So they study hard to give a good presentation and give them a new information.

Although I entered the internal medicine group, the students took me to see a natural birth at night or electroconvulsive therapy in the psychiatric hospital. Students can go to the hospital to study at night, and some students go after dinner because there is few students and many younger doctors who teach the students more friendly.

They also have OSCE at the end of semester 9, and it seems to be very difficult to pass. They see a mimic patient and take an interview and examine in 10 minutes, and decide what to do next. There is no national exam, so after the graduation exam, they can work as doctors.

We had a chance to go to hospice clinic in KL to study palliative care. There we watched videos about medical ethics, discussed about DNR, euthanasia, and disease notification, and did a role play.

Hospice clinic



With all the classmates

4. Daily life

I stayed in a house in Bukit Rasah, 10 minutes' walk from IMU. There were my host mother, Anty Sally and Dr.Jason, an intern who was working in Tuanku Ja'afar Hospital and 2 dogs. Dr.Jason was in emergency department and he was very busy so unfortunately I seldom saw him. He will work until this October, and he will go to the other hospital so probably he won't be there next year.



the house



the room I stayed for 3 weeks

At around 5 o'clock, you can hear Muslim's pray and it makes you get up. Every morning our friends picked me up to the university, so I went to school on foot only on the first day. All the students were very kind and helpful. Every day we went out for lunch and dinner by car and ate Chinese food, Malay food, or Indian food. The prices are very low, so you can eat lunch only in 150 yen, and all the foods were very nice except for durian and asam laksa (sour and smelly noodle). There is a cafeteria in the university and you can try guava and papaya for 30 yen.



Mango



Roti canai



Satay,



Chinese food

Night market is held twice a week if it's not raining, and you can try various kinds of local foods there. It was very good to walk along many markets.

Students have to move from KL to Seremban on the beginning of semester 6, so most of them are sharing a house with their friends. After their exam week, they held a drinking party in the house and invited me.

On the weekend they took us to Malacca, one-day-eating-trip. Malacca is about an hour far from Seremban by car and it is very famous for world heritage and nice foods. On the other weekend I went to KL by train and saw twin towers, batu cave, and pink mosque.



5. Conclusion

Students in Malaysia are very active in the class and very wise, and I thought I had to study medicine more. And it is natural for them to speak many languages, and I was ashamed that I could speak only Japanese and it raised up my motivation for English. It was the first time for me to see Japanese medicine and culture from outside and it made me notice how little I knew about my own country. Also I made a lot of friends and I keep in touch with them after coming back to Japan.

I appreciate to all the people who helped me having such a precious experience.



Clinical Clerkship in Hawaii

2013.4.5~2013.5.2



Kuakini Medical Center

Kobe University Faculty of Medicine

6th year Erisa Kinoshita

Introduction

I have been interested in this program since I strongly wanted to study developed medicine in the U.S. One of the reasons was I could learn not only technical terms in English but also foreign medical systems, services and medicine at the actual location. The second reason was I had a chance to talk to seniors who had great experiences in this program. I still remember I was deeply impressed by their stories. The last reason was “HAWAII”, which is the most familiar place all of foreign countries for me. As you know, Hawaii is closely related to Japan historically and geographically. Courteous citizens, beautiful oceans and large nature attract people or me.

My plan had already started two years ago. First, I had to strength my English skills. I talked with native speakers as much as I could. Last summer, I participated in English workshop at University of Hawaii (UH). After I got a chance to apply for UH program, I passed the interview test via skype. Finally, I got the ticket to receive medical education in Kuakini Hospital as an observer.

Kuakini Medical Center

Kuakini Medical Center (KMC) was started as “Japanese Charity Hospital” which had 38 beds in Kapalama. It was established by the Japanese Benevolent Society to relieve Japanese immigrants without homes, food or clothing due to fire in China town in 1900. In 1917, Japanese Charity Hospital was transferred to the present site in Kuakini Street, and the name was changed to KMC in 1975. KMC is one of the teaching hospital affiliated with the University of Hawaii School of Medicine (John A. Burns School of Medicine; JABSOM) which licensed for 212 acute medical and surgical beds and 24 critical care beds, and many residents and medical students are working and studying in this hospital.



The entrance of emergency department (ED)

Accommodation



Pictures of my apartment

During this program, I stayed at an apartment just next to the hospital. Since I was the only woman in my term, I had to stay in this large room alone. Though it was hard to say clean, it was enough to stay for one month. There were furniture, home electronics, and some daily necessities that previous students had left. Above all, the distance from my apartment to the hospital was very important because I had to go to the hospital before dawn. Talking about meals, I usually bought some foodstuffs at supermarkets and cooked by myself even though there was a cafeteria in the hospital and many reasonable restaurants were located nearby.

In Hawaii, regular routes of buses were convenient, and I could go to Ala Moana or Waikiki by buses in about 30 minutes.

Schedule

April 5 th ~May 2 nd						
Sat	Sun	Mon	Tue	Wed	Thu	Fri
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

←Dr.Tokeshi's Dojo

←Internal Medicine

In this program, foreign students and doctors could learn internal medicine as the observers for one month. There were four students in my term. One was from Gifu University, Hiroshi, and the other two, Agi and Marco, were from Indonesia. My schedule is showed above. During nine days, I always followed close behind Dr. Tokeshi with Hiroshi, which meant I had no holiday during the term. After that, I was assigned to Internal Medicine Team A with a 2nd year resident and an intern for three weeks.

Dr. Tokeshi's Dojo

Dr. Tokeshi is the family doctor who graduated from high school in Okinawa and studied medicine in Hawaii. He has his outpatient office in Kuakini Physician's tower, in which several practitioners have their own offices. His program is named "Tokeshi Dojo". There are two reasons it is called. First, his philosophy comes from "do" (道) and he is actually a master of both Kendo(剣道) and Iaido (居合道). Actually, he took me to Iaido class and taught me some basic forms of Iaido so kindly on Sunday. Second, medical students of UH fear this program. You will be convinced when you watch the daily schedule below.

Time	Schedule
3:00	Wake up
4:00~6:30	Start morning round
6:30~7:30	Lecture from Dr.Tokeshi
7:30~8:00	Round in the hospital with Dr.Tokeshi
8:30~12:00	Dr.Tokeshi's outpatient clinic
12:00~14:00	Lunch break
14:00~16:00	Dr.Tokeshi's outpatient clinic
16:00~18:00	Evening round

Many people might be surprised at how early I had to get up in the morning. The morning round was one of the essential duties for medical students, so I had to wake up no matter what. The details were to round Dr. Tokeshi's patients in KMC, check vital signs, take physical examinations and write medical records by 6:30. Those were really precious experiences for me to consider how to manage my time effectively and efficiently, because I had to do finish everything in time. In the morning, there's no time to talk with patients and of course they were sleeping, so I tried to be at the bed sides and communicate with them in the evening round. As patients gradually opened their mind and talked about their life histories or their families, I felt some confidence of coming into contact with them, and I re-acknowledged the importance of communication and making good relationships with patients.

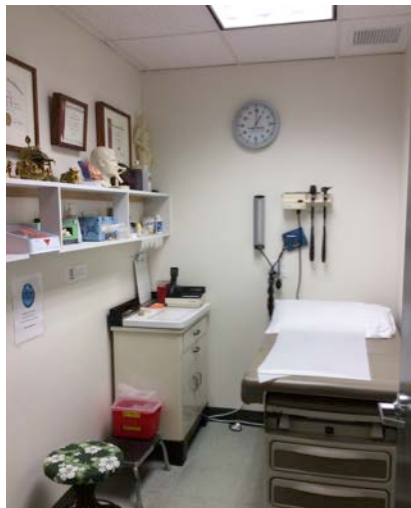
At the outpatient clinic, Dr. Tokeshi gave us many opportunities to take preliminary examinations, physical examinations or sometimes blood samples. He was particular about his "forms" of physical examinations or drawing blood samples and he required me to memorize them in great details and imitate them. That's because forms have no waste and lead to beautiful and safe way.

From Dr. Tokeshi, I learned not only medical knowledge but also a mental attitude and propriety as a doctor. These teachings were persuasive and became my favorite motto, because he was the brilliant doctor and he himself acted up to his principles. Though this first week was not surely easy, every teaching and experience stimulated my curiosity, and I spent more satisfying time than I had expected.



Iaido lesson

with Hiroshi, Dr. Tokeshi, an Iaido master and me



Examination room

Team care

In Internal Medicine in KMC, doctors and students were divided into four teams: one team was composed of a second-year or third-year resident, an intern and a third-year medical student of UH. One of them takes charge of at most ten patients who are admitted to the hospital on their on-call day with patients' family doctors or attendings.

I mostly followed close behind my team residents because I spend with the medical student only the beginning of two days due to her rotation schedule. I was so disappointed at it because I couldn't achieve one of my original purposes recognizing the differences of medical education between in the U.S. and in Japan. In addition, I was not allowed to take physical examination or use computer. The only thing I could do was talking with patients. My team resident assigned two patients to me and every morning on pre-round I asked patients how they were doing and whether they had any problem or not. On round, I met my upper resident and checked all of the patients on the computer first and rounded together. She told me what the problems were and what we should do as the treatment.

On-call day comes every four day. On that day, the team accepts new admitted patients from ED and only upper residents stay overnight to take care of all patients. On average, we had three new patients. I followed my team doctors every time and saw their taking history and physical examination. After that, they made a problem list and discussed the differential diagnosis or treatment. On the on-call day, team residents looked so busy that I couldn't ask any questions; however, I learned a lot of medical knowledge from this experience.

Schedule	
6:00~7:00	Pre-round
7:00~8:00	Round with team
8:00~9:00	Morning report
9:30~10:30	ICU rounds
10:30~	Round with team
17:00	Sign out → on call



with agi and UH students



with Dr. Izutsu, Marco, Hiroshi and Agi

Dr.Little's English Class

Every Thursday, I had an English presentation class. This class was held for foreign residents and students by Dr. Little who taught speech skill including medical case presentation for a long time. Now she is the associate professor at the JABSOM. The attendants of this class were four foreign medical students including me, and sometimes a resident doctor from Japan. We were required to prepare a full case presentation about one patient that we had seen during the rotation and presented it in front of everyone. She corrected our pronunciations or expression and advised the way of speaking. Because she knows the point of common mistakes that foreigners make, especially Japanese fall into easily, her indication was very clear and accurate. I tried to absorb all of her advice and make use of them for the next presentation. When we could correct the previous mistakes, she was delighted and congratulated us. I could realize my presentation skill was improving through her help.

Others

Dr. Tokeshi invited me to lunch with Japanese residents who were accepted to internal medicine residency program in Hawaii. Surprisingly they all graduated from Tokeshi Dojo. I could hear what they did for applying residency program or troubles in daily life.



with Dr, Tokeshi and Japanese residents

Conclusion

I could learn good deals of things through four weeks program, so I can't report all what happened in this report. Many teaching and experiences touched to my heart and broadened my horizons. Even though it was regrettable and frustrating that my poor English skill restricted myself of clear understanding and precise statement, this was also precious experience. I want to turn my previous experiences to advantage and I'm doing my best to brush up my medical skills as a doctor.

Finally, I deeply thank Ms. Puala Uchima, Ms. Miwa, Dr. Mori, and my family for working so hard and helping me so much.

University of Pittsburgh Medical Center (UPMC)

Shadyside Family Health Center

April 7th-April 11th



Kobe University Faculty of medicine

Marie Terada

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Introduction

UPMC Shadyside hospital is located in Pittsburgh, USA. Pittsburgh is known as medical city so many doctors and researchers come to study from all over the world. This hospital is famous for its Family practice residency or fellowship programs in the United States and there were two Japanese residents and one fellow when I was in UPMC. Dr.Takedai who accepts a lot of Japanese medical students and supported me there and Dr.Hashimoto who is a professor of Kobe University have studied in UPMC before as residents.

I joined this program because I'm interested in Family medicine and education system in the USA. Also I wanted to improve my English.

Schedule

Monday: 11:00-12:00 Orientation by Dr. Takedai

1:00-4:00 Outpatient with Dr.Joan, Dr.Takdai

Tuesday: 7:00-11:00 Inpatient with Dr. Bart and Dr.Katie

11:00-12:00 Radiology round

12:00-1:00 Lunch Break

1:00-4:00 Outpatient with Sagar (Medical student)

Wednesday: 7:00-12:00 Inpatient with Dr.sami

12:00-1:00 Luncheon Group study

1:00-4:00 Didactic session (pediatrics)

Thursday: 7:00-8:00 Inpatient conference

8:00-9:00 Grand Round (dementia)

9:00-11:00 Inpatient with Dr.Bart (ER)

11:00-12:00 work shop

12:00-1:00 Lunch Break
1:00-4:00 Outpatient with Sagar
4:00-5:00 Lecture by Dr.Takedai (IUGR)

Friday: 7:00-8:45 Inpatient

8:45-12:00 Outpatient with Dr.Sairenji, Sagar
12:00-1:00 Lunch Break
1:00- 4:30 Outpatient with Dr.Dami, Dr.Lisa, Sagar

I observed inpatient department in a.m and outpatient section in p.m. On Wednesday, I had Didactic session. Residents were belong to one group (Diabetes, global health, pediatrics, depression). I joined pediatrics group and they planned a project to prevent children's bad teeth by giving their teeth coats of fluoride. On Thursday, I had Grand Round about dementia. It is similar to the resident meeting in Kobe University.

Inpatient in the UPMC Shadyside Hospital

The conference starts at 7:00 in the morning. At the conference, two residents who were on night duty tell us about new coming patient and what happened at night. There were four residents on day duty and divided into two groups. Two residents had charge of about 6 to 8 patients. After the conference, they check labo data and write patient's case records and visit their patients. Various patients were hospitalized there. For example, I observed patients who suffered from heart failure, depression, nose bleeding, GI bleeding, chest pain of unknown origin and so on. Residents and doctors were very friendly and they explained about the patients to me and taught many things. I felt the work of residents in a family medicine ward was similar to that in Japan except they took care of various kinds of patients. But they decided the inpatient's treatment and plans almost by themselves so I thought they had more responsibility than residents in Japan and looked confidence.

From 11:00, they had workshop that residents planed in turn. Once a week, there was a case conference that one resident acted a patient who hospitalized in the week and other doctors asked her detailed questions about his/her symptoms. It was very interesting and useful to improve our ability to diagnose.



Outpatient in the Family Health Center

Across from the UPMC Shadyside Hospital, there is Family Health Center. I shadowed residents in the evening there. 'Shadow' means follow the resident and observe what he/she does to learn a clinical skills. Many kinds of patients who vary in age, race and so on come to FHC complaining of wide variety of symptoms. Residents take medical interview and physical examination, after that, give a presentation about assessment and plans of the patients to the supervisor. After discussion, the resident back to the consultation room and tell the plan to the patient. There were a medical student (his name is Sagar) and I had opportunity to shadow him. He took medical interview and physical examination, and gave presentation almost same as the residents. I also challenged taking interview and physical examination with him. It was hard for me because of my lack of English skills and medical knowledge but I really enjoyed it. Sagar supported me kindly and if we couldn't understand the patient's disease, we studied together using Up-to-Date. I was able to know how medical students in the USA learn and it motivated me to study more hard.



With Dr.Takedai at Family Health Center

Weekend

On Friday, the last day of my stay in Pittsburgh, Sagar and his friends took me around the town. Fortunately, Carnegie Mellon University which is near the University of Pittsburgh and famous for computer science and arts had a school festival. There were many houses that made by the students. One of them, its theme was 'Spirited Away' that is famous Japanese movie.



At night, I went to see a live concert in the University.
It was exciting and I could experience American culture.



Conclusion

It was really short program but I was able to have precious time and learned a lot. Before I joined this program, I didn't know well about what family medicine is. During this stay, I saw many inpatient and outpatient and work of family physicians and residents, I felt it is a good system because family physicians know the patients and their family very well so they could make use of it to diagnose or select treatment for each patients. Moreover, if family doctors can see wide variety of patients, consult patient to specialist appropriately but treat patients continuously, we can provide suitable medicine for individual needs. But there are many difference between Japanese and American medical system, social system and sense of value, so I think we need to learn American system and incorporate good point of it and change into one that is suitable for Japan.

I had an opportunity to learn together with medical student. He was so kind that I could enjoy shadowing him and talking English and teaching Japanese (he can speak Japanese and is interested in Japanese culture). I was very surprised that he has a lot of knowledge about not only medicine but also culture of other countries. I thought that to be a good doctor, it is important to expand interests and learn positively.

This experiences really motivated me to study medicine, English and to work abroad in the future.

I appreciate kindness of all people who supported me in this program. Thank you.

Kobe University , 6th
Hayato Maruguchi
2014/4/14

Shadyside Hospital & Family Health Center

Introduction



I have learned in Shadyside family health center and hospital in this April, and I'm going to introduce what it was like and what I had learned there.

I'd like to start this essay with what motivated me to join this program in Pittsburgh university. I had known A lot of Japanese physicians are

complaining on the role of family medicine. I thought I understood what they are, and how important they are. However, current Japanese medical system seemed to be working well to me, and it made me think family medicine may not be necessary here, at the same time. I wanted to figure out the answer for this question.

After the observership in Pittsburgh , now I understand why I couldn't reach the answer for it. I and my family have never consulted family doctor. Only when we get sick , we consult a doctor who seems to be a specialist for the condition we are in. Yes, they help us a lot , but throughout the observership, I noticed several things that our medical system lack of. Please let me introduce these issues and what impressed me in Pittsburgh by writing what I experienced there.

Inpatient in the Shadyside Hospital

Most of the weekdays, I visited Shadyside hospital and joined family medicine team that takes care of inpatients in the morning. Each day starts with reports by two residents who have been in the hospital for last night. After that, I followed one of the residents, Dr.Sami from Syria. We visited inpatients together.

Though he is in his two years for his residency, he is so nice to patients that all of his patients seemed to be satisfied and believed in him. Actually, he explained each patients pretty easily , and even for foreigner like me, it was easy to understand. He also took



enough time for medical interviews and examinations, too. He shared his ideas, suggestions and treatment plans, which patients must concern about most, with each patients. He didn't seem to be busy at all when we're in patients rooms (but actually he was quite busy) , so patients seemed to be vary satisfied by telling and asking what they need. They seemed to be nice friends. His attitude toward them told me how important it is to see their patients , to get information from them, and to educate them for doctors in the U.S.. To be honest, I have seen a lot of Japanese doctors who takes much less time for seeing their patients and take more to check their examination results. I would rather learn from US Doctors' ideas than Japanese doctors' one. I also asked him why he doesn't order more details for blood tests. His answer was easy. "It costs too much." Even CBC is sometimes an extra test for them. Actually, his idea make sense to me. It doesn't cost at all to perform physical examinations carefully, and to ask questions to their patients.

After we finished seeing all the patients, we got back to the family medicine team room, they start paperwork for the patients they saw just before, just like Japanese doctors do. Later, team lecture begin. The theme of each conference was different everyday. One of them was on treatment of DKA and HHA. As soon as the lecture began, a medical student raised a question on it. It didn't seem to be a lecture at all to me. It was a discussion. I noticed how

eagerly American students are studying medicine. I managed to follow what they were talking about, but that was all I could do. I was lack of both discussion skills and medical knowledge. But I dare say , what they were learning was almost same as we have been learning here. I think they are not super mans, they are just more enthusiastic than us. Anyway, each lecture was lead by different "teachers" everyday, sometimes supervisor,sometimes pharmacist, sometimes social worker. They told residents what is important for residents through their experience and the lectures were quite interesting to me. The pharmacist introduced us an paper that suggests mammography may no be effective to improve women's life span, the social worker told us how to deal with patients with drug or social problems, and the supervisor performed an role play of patient who came to an ER.

Outpatients in the Family Health Center

After the lecture and lunch, I moved to FHC (Family Health Center) and shadowed several residents, who were taking care of outpatients. They are from all over the world, like US,Africa,Middle East,and so on. There are two Japanese residents too. One of them has worked in Japan 5 years and she came here. The other doctor has visited Honduras to research sex education and to figure out the better way. She also made an presentation as a part of a conference on Wednesday.

Again, residents also made great efforts in FHC to take care of their patients. They spend 15min to see their patients, and to report on them their supervisors. Of course I learned a lot from residents behavior as I did in hospital, but what impressed me most here in FHC was, their summarizing skill. Just after they talked to their patients and examined them, residents visits the supervisor and inform them of patients condition, suggestion for treatment, and ask questions if needed. I was amazed how well and simply they summarized in short time. By listening their summary beside them, I could again "understand" patients.

Conclusion

Throughout this observership, I also noticed the difference of background of patients between US patients and Japanese ones. What was surprising to me was that if got used to patients who have drug use history. Drug problem is widespread and I could understand why naloxone is prepared in ER in the US. I also got used to patients who have psychiatric disease, like bipolar disease, anxiety and so on. One of the doctors told me the relationship between these two issues. According to him, when people,often poor and uneducated,get depressed, they rely on drugs and get high,cause trouble,be sent to a psychiatric hospital, and be diagnosed to have bipolar disease.

I could also learn some on American health insurance system. I thought patients who have no health insurance can't be treated at all, but there are several services to help them, like free medicine service and disabled health insurance. Of course, what doctors can do for such people are very limited.

I could learn so many things that I couldn't write all of them here. But I could find the answer for my question. Do we really need family medicine in Japan? My final answer is YES. I reached this answer thanks to one of inpatients I met in Pittsburgh. Let me introduce her episode for my last report. She has just moved from other city, and suffered from serious stomachache and was brought to Shasyside hospital by ambulance. Dr. Sami advised her she should have one, and suggested FHC can help her. She smiled so nicely and accepted his offer with pleasure. I think her wonderful smile shows how important family doctors are for her, and for patients.

I appreciate Dr. Takedai, Dr. Hashimoto, and all the other persons who made great efforts to support our observership. And I hope my junior students would learn and enjoy this experience, too.

Dong-A University, Busan, Korea

12 – 23 May, 2014



Kobe University school of medicine

Shoko Nakatani

I participated in elective program at Dong-A University, Busan, South Korea for two weeks. I study at Emergency Medicine for a week and Plastic surgery for another week.

1. Emergency Medicine

In Department of emergency medicine, the system is different from what I experience. When patients come with such as trauma and infection, doctors give some treatment included cardiopulmonary resuscitation and keep their vital sign steady. After that, it is doctors of each department that take care of the patients until they leave hospital. Emergency Room (ER) is bigger than that of Japan, so medical workers can easily see condition of many patients.

Doctors are very busy every day. Especially, interns are too busy to have lunch at restaurant. They always do at treatment room near ER. Students also have many things that they have to do. They not only take patient's history but also do some tests and procedure such as ECG, urethral catheterization, irrigation of injury and enema and so on.

As I study at ER and observe their works, I had interest in the system of ER. Doctors are easy to manage patients and coordinate with doctors of other department.

2. Plastic Surgery

In the second week, I study at Plastic Surgery. I took the lecture by Prof. Kim, who is famous in Korea for transgender operation. He taught me about gender identity disorder and gender reassignment surgery. I was interested in that because I have never had an opportunity to study it. In addition, I took the lecture about rhinoplasty, otoplasty and other cosmetic surgery.

Doctors of Plastic Surgery have operations from 8 o'clock every day. Many kinds of operations are performed such as reconstruction (treatment of zygomatic fracture, blow out fracture, skin ulcer, keloid and so on), rhinoplasty and eyelid surgery. It is good experience for me to able to see many kinds of operation.

In Korea, Plastic Surgery is popular department. I get the impression that there are many patients and various operations are actively performed.



With professor of Plastic Surgery

3. Daily life

Our dormitory was located at Bumin campus, Dong-A University. It took 10 minutes by taxi or 30 minutes by foot from Dong-A University Hospital. It was built about two years ago, so it is comfortable.

In evening, doctors often took us dinner. I have a lot of delicious food such as samgyeopsal, bulgogi and Korean traditional set meals. In Korea, many dishes are served before we order. I visited many places in weekend. In Haeundae, we can see beautiful beach and Gwangang Bridge. Their view is wonderful!



Our dormitory



Haeundae Beach



Korean traditional set meals

4. Conclusion

I would like to express my deepest gratitude to all people who supported me, Korean doctors and students, Mr. Song and Ms. Miwa. Through this program, I could learn what I have never learned in Japan and experience Korean culture.



With plastic surgeon

UPMC Shadyside hospital Family Medicine (April 28- May 2, 2014)

Tomosuke Mukoyama

Contents

1. About UPMC
 2. About the shadowing
 3. Residents
 4. Patients
 5. Overall impression
 6. Hotel and Restaurant recommendation
-
1. UPMC is a large corporation which provides medical services. It's managed by Nonprofit Organization so is different from Kobe University Hospital which is managed by the government. As you know, Pittsburgh was famous for the steel industry but it declined in the 1980's and the city became shabby. To break this situation and achieve economic reform, UPMC was established. UPMC has been successful and Pittsburgh has become one of the best cities in the U.S. The UPMC has about 20 hospitals and they are located everywhere in Pittsburgh. The shadyside hospital is located within 10 minute drive from the city of Pittsburgh.
 2. Your first day starts from chatting with Dr. Takedai. He used to be a surgeon, something brought him to the U.S. and now he works as an attending at the Family health center of Shadyside hospital. Every day starts from 7:00 a.m. which is quite earlier than our BSL. In the morning residents split into a couple of small groups and see their patients in a hospital ward. If you're lucky medical students of Pittsburgh University will be shadowing with you. In the afternoon of the week, you'll shadow any one of the residents and see outpatient clinic. As a general rule, you're not allowed to examine patients. But sometimes residents tell you to do. At the outpatient clinic, there are about a dozen of rooms and residents visit each room to see patients. The examination of the patients takes 10 to 20 minutes. When the examination is done, residents give an attending short presentation of the patients and an attending sees if the diagnosis is correct or the treatment is appropriate. The clinic is very busy but well managed. It's a good chance to find some differences between Japan and the U.S.

3. Working as a resident seems really tough like it is in Japan. The residents' nationality is diverse. They work efficiently and help each other. One of Japanese residents said that at first it was quite hard to keep up with colleagues as her English was not good enough for performing good work despite it was enough for daily conversations. Shadyside hospital accepts some Japanese doctors every year, so Dr. Takedai and other staffs offer good help. She said residency program is managed better than that in Japan. If someone sees less outpatients than others do, supervisors will control the outpatient assignment. In that way, their ability and amount of experience are equalized. The average pay is higher than Japan, this might be good news for those who always worry about money.
4. If you observe only a single patient at outpatient clinic, you'll know how things are different in the U.S. I don't mention much about how they are different because I don't want to take the pleasure of realizing from you. Simply I found that health care system in the U.S. works just because the system is of the Americans, by the Americans and for the Americans.
5. I had really nice and comfortable time at Shadyside hospital, thanks to Dr. Takedai and other doctors. My overall impression is quite simple, 'doctor is a doctor'. Doctors in the U.S. do nothing special. They just work and live like other Americans do. Rationality, efficiency and discussing are their culture. So they divide the overall task into many specialties, reducing overlaps. They discuss a lot because they don't like anything unclear. In Japan, on the other hand, rationality and efficiency aren't favored. And we don't usually discuss because 'guessing' is our culture. If we run this American style of health care system as it is, it will do harm. Yet there're some good things that we should take into Japanese style of health care system and education.
6. The below is my recommendation of hotel and restaurants.

Hotel: The Mansion At Maple Heights <http://mansionmapleheights.com/>

About 20 minutes' walk to the hospital. Kind staffs, nice food, large room, great access to restaurants.

Restaurants: Walnut street has plenty of restaurants. These two are my recommendation.

Mercurio's (Italian): <http://www.yelp.com/biz/mercurios-pittsburgh> Keep calm and try gelato.

Cappy's café (American): <http://www.yelp.com/biz/cappys-cafe-pittsburgh> Nice place to drink beer and watch sports games.

Any questions? E-mail me; oicw23scofield@gmail.com